

EX-1-2

C EF

MS

Mississippi

Schedule A - Itemized Deductions

Schedule B - Interest & Dividends and Schedule N - Other Income
2001

Form 80-135-01-5-1-106 Rev. (6/01)

Social Security Number 587-34-5613

Name JONES JR ABE ETTA

Page 1

0	0	0	0	0	0
0	0	15299	0	0	0
0	150	15299	0	0	0
15299	6223	0	0	0	5873456130
0	0	305949			

For Computer Use Only-Do Not Write Above This Line

SCHEDULE A - Itemized Deductions - (From Federal Form 1040 Schedule A, enter the amount from the line indicated)

If the amount of AGI on Form 1040, is more than \$132,950 (more than \$66,475 if married filing separately), you **CANNOT** use this Schedule A. You must use Federal Schedule A and complete the worksheet provided in the instructions. In the event you filed using the standard deduction on your Federal Return and wish to itemize for Mississippi purposes, please use Federal Form 1040 Schedule A as a worksheet and transfer the information from the specific lines indicated to this Schedule A.

1. a. Medical and Dental Expenses (Form 1040 Schedule A) 1.
- b. AGI from Federal Form 1040: \$ _____ X 7.5% (.075)
- c. Medical & Dental Expense Deduction (Subtract line 1b from line 1a.)
2. Total Taxes Paid (Form 1040 Schedule A) 2.
3. Total Interest Paid (Form 1040, Schedule A) 3.
4. Charitable Contributions (Form 1040 Schedule A) 4.
5. Total Casualty or Theft Loss(es) (Form 1040 Schedule A) 5.
6. a. Employee Expenses & Misc. Deductions Subject to 2% Limitation (Form 1040 Schedule A) 6.
- b. AGI from Federal Form 1040: \$ _____ X 2% (.02)
- c. Subtract line 6b from line 6a.
7. Miscellaneous Deductions (including gambling losses) not subject to Federal 2% AGI Limit (Form 1040 Schedule A) 7.
8. Total Itemized Deductions (Add Lines 1c, 2, 3, 4, 5, 6c, and 7.) 8.
9. Total Amount of State Income Tax Included in Line 2 Above (From Form 1040 Schedule A) 9.
10. Mississippi Itemized Deductions - Subtract Line 9 from Line 8. Enter the amount here and on Form 80-105, Page 1, Line 19 or Form 80-205, Page 1, Line 16a. 10.
11. Mississippi Itemized Deductions (Allowance for Limitation due to AGI over \$132,950, \$66,475 if married filing separately) Enter the amount here and on Form 80-105, Page 1, Line 19 or Form 80-205, Page 1, Line 16a. 11. 305, 949

SCHEDULE B - Interest and Dividend Income (From Federal Form 1040 Schedule B, enter the amount from the line indicated)

If you received capital gain distributions but do not need SCHEDULE D to report any other gains or losses, then enter the gain on Form 80-105, Page 2, Line 40 or Form 80-205, Page 2, Line 39. Total interest and dividend amounts on Lines 4 & 5 below, from jointly owned accounts, may be split between taxpayer and spouse before the amounts are transferred to Form 80-105, Page 2, Lines 36 and 37, respectively.

	Interest	Dividends
1. Interest Income (Form 1040 Schedule B)	1.	
2. Interest from obligations of the U. S. Government included in Line 1 above.	2.	
3. Interest on obligations of other countries, states, cities, or political subdivisions OUTSIDE Mississippi	3.	
4. Total Interest (Line 1 minus Line 2, plus Line 3). Enter here & on Form 80-105, Page 2, Line 36 or Form 80-205, Page 2, Line 35.	4.	
5. Total Ordinary Dividends. (Form 1040 Schedule B)		5.
6. Amount of Nontaxable Distributions Reported in Line 5.		6.
7. Ordinary Dividends for Mississippi. (Line 5 minus Line 6) Enter here and on Resident Form 80-105, Page 2, Line 37 or Non-Resident Form 80-205, Page 2, Line 36.		7.

SCHEDULE N - Other Income or Losses and Supplemental Income

1. Gambling winnings. (Attach all W-2Gs. List gambling losses on Schedule A, line 7, above.) 1.
2. Total Income or Loss from Form 80-108, Supporting Schedule, Page 2. 2.
3. Other income or loss. List type: 3.

EX-13

Tax and Credits**Standard Deduction for:**

- People who checked any box on line 35a or 35b or who can be claimed as a dependent, see instr.
- All others:

Single, \$4,550

Head of household, \$6,650

Married filing jointly or Qualifying widow(er), \$7,600

Married filing separately, \$3,800

34 Amount from line 33 (adjusted gross income)

35a Check if: You were 65 or older, Blind; Spouse was 65 or older, Blind. Add the number of boxes checked above and enter the total here. ► 35a

b If you are married filing separately and your spouse itemizes deductions, or you were a dual-status alien, see instructions and check here. ► 35b

36 Itemized deductions (from Schedule A) or your standard deduction (see left margin)

37 Subtract line 36 from line 34

38 If line 34 is \$99,725 or less, multiply \$2,900 by the total number of exemptions claimed on line 6d. If line 34 is over \$99,725, see the worksheet in the instructions

39 Taxable Income. Subtract line 38 from line 37. If line 38 is more than line 37, enter -0-

40 Tax (see instructions). Check if any tax is from a Form(s) 8814 b Form 4972

41 Alternative minimum tax (see instructions). Attach Form 6251 ►

42 Add lines 40 and 41

43 Foreign tax credit. Attach Form 1116 if required

44 Credit for child and dependent care expenses. Attach Form 2441

45 Credit for the elderly or the disabled. Attach Schedule R

46 Education credits. Attach Form 8863

47 Rate reduction credit. See the worksheet in the instructions

48 Child tax credit (see instructions)

49 Adoption credit. Attach Form 8839

50 Other credits from: a Form 3800 b Form 8396
c Form 8801 d Form (specify)

51 Add lines 43 through 50. These are your total credits

52 Subtract line 51 from line 42. If line 51 is more than line 42, enter -0- ►

43	
44	
45	
46	
47	
48	
49	
50	

51	
52	NONE
53	
54	
55	
56	
57	
58	NONE

Other Taxes**Payments**

If you have a qualifying child, attach Schedule EIC.

53 Self-employment tax. Attach Schedule SE

54 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137

55 Tax on qualified plans, including IRAs, and other tax-favored accounts. Attach Form 5329 if req

56 Advance earned income credit payments from Form(s) W-2.

57 Household employment taxes. Attach Schedule H

58 Add lines 52 through 57. This is your total tax ►

59 Federal income tax withheld from Forms W-2 and 1099

60 2001 estimated tax payments and amount applied from 2000 return

61a Earned Income credit (EIC)

b Nontaxable earned income 61b

62 Excess social security and RRTA tax withheld (see instructions)

63 Additional child tax credit. Attach Form 8812

64 Amount paid with request for extension to file (see instructions)

65 Other payments. Check if from a Form 2439 b Form 4136

66 Add lines 59, 60, 61a, and 62 through 65. These are your total payments ►

59	
60	
61a	
62	
63	
64	
65	

66	NONE
----	------

Refund

Direct deposit? See instructions and fill in 68b, 68c, and 68d.

67 If line 66 is more than line 58, subtract line 58 from line 66. This is the amount you overpaid

68a Amount of line 67 you want refunded to you ►

b Routing number ► c Type: Checking Savings

d Account number

69 Amount of line 67 you want applied to your 2002 estimated tax ► 69

Amount You Owe

70 Amount you owe. Subtract line 66 from line 58. For details on how to pay, see instructions ►

71 Estimated tax penalty. Also include on line 70 71

NONE

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instr)? Yes. Complete the following. No

Designee's name ► Phone no. ► Personal identification number (PIN) ►

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature ► Date Your occupation Daytime phone number

UNEMPLOYED

Spouse's signature. If a joint return, both must sign. Date Spouse's occupation Daytime phone number

HOUSEWIFE

Paid Preparer's Use Only

Preparer's signature ► Date Check if self-employed Preparer's SSN or PTIN

Firm's name (or yours if self-employed), address, and ZIP code ► Jackson Hewitt Tax Service EIN 64-0840951

Laurel MS 39440-0000 Phone no. (601) 428-1062

EXHIBIT - J

OFFICE OF THE DISTRICT ATTORNEY
EIGHTEENTH CIRCUIT COURT DISTRICT
JONES COUNTY



ANTHONY J. BUCKLEY
DISTRICT ATTORNEY

DATE: 5-4-04

HON: Jay L. Jernigan

RE: State of Mississippi v. Antwain Jones

CAUSE NO: 2003-171-LRZ

DEAR Jay:

I have reviewed the aforementioned file(s) and recommend the following sentence based upon your client's acceptance of responsibility by entry of a guilty plea:

If you can get your client Abe Jones to sign over the 2 cars (Lincoln LS + Pontiac) to SEMDTF, I will dismiss the Sale on Antwain Jones his son. Antwain is caught on video and the CI is available. If not, we will try Antwain this term.

PLUS court costs _____, applicable lab fees _____,

and a _____ fee to be paid to the County General Fund for attorney's fees if this a court appointed case.

This offer must be accepted and executed before Tuesday May 18th, 2004. Failure to plea your client accordingly, or the hearing of any motions, will automatically terminate this offer! This offer is based on the understanding that your client has _____ Felony convictions. If there are more felony convictions or other current charges this offer is void.

Sincerely,

Assistant District Attorney

Date of Acceptance: _____

Attorney for Defendant

Defendant

Jay L. Jernigan
 A PROFESSIONAL ASSOCIATION
 ATTORNEY AT LAW
 POST OFFICE BOX 427
 HATTIESBURG, MS 39403-0427
 jerniga@mfir.com

631 North Main street
 Suite D
 Hattiesburg, MS 39401

OFFICE (601) 544-1422
 HOME (601) 264-5012
 FAX (601) 544-1428

September 13, 2004

Abe Jones #65170
 SMCI-II D1-33
 P. O. Box 1419
 Leakesville, MS 39451

Dear Mr. Jones:

You are correct in that I sent to your mother a copy of Agreed Order and letter from Anthony Buckley. She did contact you as your letter states to me that you received the May 4, 2004 letter. The consideration for allowing the property to be forfeited was that your son Antwain would have his sale charge dismissed that was pending. His sentence would have been 30 years if found guilty. I had reviewed the tapes of the sale charge and there is no doubt that he would have been found guilty by a jury had we gone to trial. Further enclosed please find a copy of all goods that were seized and they did not have the values you have stated.

Please note that we were not given them anything that they did not already have in that there was sufficient evidence before the Court that would have allowed the Court to forfeit the property to the State of Mississippi in that you conducted your sales of drugs at your home and used your vehicles to transport the drugs. The copies of gambling receipts that you said you had would not have been determinative to overcome the forfeiture.

You failed to contact me to let me know what you wanted to do within the time period allowed by the District Attorney. I then called your mother who instructed me to sign the Order in order to prevent your son from going to jail. She indicated that you did not want Antwain to go to jail.

If you do contest these facts then I can contact Anthony Buckley who more than likely will set aside the orders and proceed to the trial of your son. That is a risk that you would take in that the evidence shows guilt of your son.

Thanking you for your attention to this matter and with best regards, I remain

Sincerely,

JAY L. JERNIGAN

JLJ/lf

EXHIBIT L

STATE OF MISSISSIPPI)

ss

COUNTY OF Smith)**PERSONAL AFFIDAVIT OF HILMA JONES**

I, HILMA JONES, Being First Duly sworn, Do deposes as Follow;

I, have been Granted Power of Attorney pursuant to the Durable Power of Attorney Act, MCA § 87-3-7(1972) By ABE JONES Jr.. By, the Granting of this Power, I, have Been Giving the Authority By Abe Jones jr, to convey Any and All needed Personal and Business Transactions on Behalf of Abe Jones jr, Due to His being Incarcerated.

It has, been brought to my Attention; On or About August 27, 2004 that. The Hon. JAY L. JERNIGAN, Attorney at Law had Entered An Agreed Order of Dismissal, in the County Court of Jones County, Mississippi. In, cause No:2002-211 Forfeiting the Personal Property of ABE JONES Jr and, ETTA JONES that. Was, seized by the Jones County Sheriff's Department and, the Southeast Mississippi Drug Task Force.

I, do not know and, have no knowledge of Anyone including Myself Giving, Attorney Jay L. Jernigan the Authority to Execute Any Actions of A settlement concerning the Items and, property seized from ABE JONES, Jr and, ETTA JONES.

As, the Person Authorized by ABE JONES, Jr to Conduct All Business and, Personal Transactions on his behalf. I, have not Signed or Entered in to Any Type of An Agreement or, Authorized Attorney Jay L. Jernigan. To, act as an Agent on behalf of Abe Jones, Jr, to Forfeit Any of the Property seized by the Jones County Sheriff's Department and, The Southeast Mississippi Drug task Force.

EXHIBIT-M**STATE OF MISSISSIPPI)****SS****COUNTY OF Smith)****PERSONAL AFFIDAVIT OF ETTA JONES****I, ETTA JONES, Being First Duly Sworn, Do Deposes as Follow;**

It, has Been Brought to my Attention that. On or About JUNE 21, 2004. Attorney JAY L. JERNIGAN, Attorney at Law 631 N.MAIN ST. Suite-D Hattiesbrug, Mississippi.39401, Entered an Alleged Agreed Order of Dismissal. In the County Court of Jones County, Mississippi, Second Judicial District, Alleging that.

I, Etta Jones and, Abe Jones,Jr had Agreed to Forfeit Property Belonging to us, to the, Jones County Sheriff's Department and Southeast Mississippi Drug Task Force, In A Forfeit matter in cause No:2002-211.

I, Etta Jones, Have not Agreed, signed or Authorized Any Such Actions. I, have only Found out About this Alleged Agreement from, Abe Jones,Jr on or About August 27,2004.

The Statements Alleged in this,So-called Agreed Order of Dismissal is False. Attorney Jay L. Jernigan has, falsely Accused me of Part-Taken in this Alleged Action.

At, no time have I, nor Abe Jones,Jr Advised Attorney Jay L. Jernigan to Execute,of Act as our Agent in any Matters of this Kind.

Attorney Jay L.Jernigan, Jones County Sheriff's Department and, The Southeast Misdsissippi Drug task Force Has Conspired to Deprive Abe Jones,Jr and Myself of our Property In A Non-Authorized Action Acting as our Attorney in this Matter.

Attorney Jay L. Jernigan,was Retained to Represent Abe Jones,Jr and, Antwain Jones in Criminal Matters only. Attorney Jay L. Jernigan, did not have Authority to conduct any Actions concerning the Property seized by the, Jones County Sheriff's department and, Southeast Mississippi Drug Task Force.

Due to, the UnAuthorized Actions of Attorney Jay L. Jernigan. Abe Jones And,Myself have been Deprived of the Following Listed Property Items without our Authority or Agreement to do so;

LIST OF PROPERTY DEPRIVED OF:

- (1). One 2001 Lincoln LLS vehicle, VIN# 1LNH87A51Y701314, titled in the name of Abe Jones, jr., with a lien favor of Miss. Title Loans; Purchashed value of Approximately \$43,365.00;
- (2). One 2000 Pontiac Grand Am vehicle, VIN# 1G2NF52TXYM853961, Titled in the name of Abe Jones, jr. and Etta Jones, Purchashed value of Approximately \$18,000.00;
- (3). One Sanyo 19" television set, valued at Approx. \$75.00;
- (4). One Gateway Computer and Accessories, valued at Approx. \$750.00;
- (5). One Epson Printer, valued at Approx. \$ 75.00;
- (6). One UMAX Scanner, valued at Approx. \$80.00;
- (7). One Allegro Video Cassette Recorder, valued at Approx. \$50.00;
- (8). one GE D.V.D. Player, valued at Approx. \$175.00;
- (9). One Cannon Camcorder, valued at Approx. \$325.00;
- (10). One Mitsubitchi Camera, valued at Approx. \$500.00;
- (11). one Emerson CD and Cassette Player, with Speakers, valued at Approx. \$80.00;
- (12). One Phillips 60" television set, valued at Approx. \$3,500.00;
- (13). One Kenwood dual Cassette deck, valued at Approx. \$200.00;
- (14). One Kenwood CD Changer with Surround Sound, valued at Approx. \$400.00;
- (15). One Kenwood CD Changer, valued at Approx. \$325.00;
- (16). One Orion VCR, valued at Approx. \$45.00;
- (17). One Emerson 12" television, set, valued at Approx. \$70.00;
- (18). Two Phillips Dual Cassette& CD Player, valued at Approx. \$300.00 (150.00 each);
- (19). \$1,800.00 In United States Currency(cash);

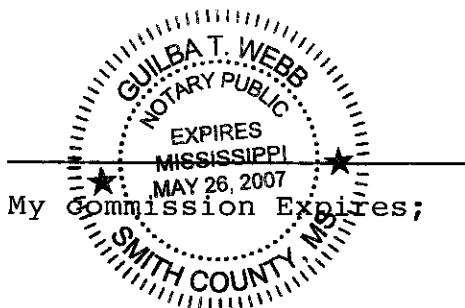
These, Items and Property Total A Value of Approximately, Seventy Thousand-One Hundrad & Fifteen Dollars(\$70,115.00).

Attorney Jay L. Jernigan, Jones County Sheriff's Department, Jones County District Attorney Office and, The Southeast Mississippi Drug Task Force has Depived Abe Jones, Jr and Myself, Etta Jones of our Property by the Act of Defraud by Deceition.

The, Alleged terms of this So-Called Settlement Listed in the Agreed Order of Dismissal that. I, am Accused of Agreeing to. or False and, Untrue.

/s/ Etta Jones
Affiant

Sworn to and Subscribed to Before me this the 9th day of SEPTEMBER, 2004.A.D.



Gulba Alvarae
Notary Public

EXHIBIT N-1-N

Name, address, and telephone no. and telephone no.

E STAR HOTEL CASINO
Box 6048
adelphia, MS 39350

345731 601)650-1234

R's name, address (including apt. no.), and zip code

S JR, ABE
BOX 407
0, MS 39480

Penalties of perjury, I declare that I am, to the best of my knowledge and belief, the name, address, and taxpayer identification number of the person entitled to all payments from identical transactions, and no other person is entitled to any payments from identical transactions.

sture. *Al*

1 Name E STAR HOTEL CASINO Box 6048 adelphia, MS 39350	2 Address 345731 601)650-1234
3 Type of Game SLOTS	4 Date Won 10/10/2001
5 Transaction 247035	6 Race 66781
7 Winnings from identical wagers 114.42	8 Cashier BA16
9 Winner's taxpayer identification no. 587-34-5679	10 Window 377-123456
11 First I.D. 587345613	12 Second I.D. 587-345613
13 State/Player's state identification no. 64-0245731-8	14 State income tax withheld 0

2001

Form W-2G
Certain
Gambling
WinningsThis information is
being furnished to
the Internal Revenue
Service.

Copy B

Report this income on your
Federal tax return. If this
form shows Federal income
tax withheld in box 2, attach
this copy to your return.

Internal Revenue Service

PAYER'S name, address, and telephone no.
SILVER STAR HOTEL & CASINO
 P.O. Box 6048
 PHILADELPHIA, MS 39350

64-0345731 (601)650-1234

WINNER'S name, address (including apt. no.), and zip code

JONES JR. ABE
 PO BOX 407
 SOSO, MS 39480

Under penalties of perjury, I declare that to the best of my knowledge and belief, the name, address, and taxpayer identification number that I have furnished correctly identify me as the recipient of this payment and any payments from identical wagers, and that no other person is entitled to any part of these payments.

Signature: *Abel Jones Jr.*

1 Gross winnings	2 Federal income tax withheld
1,000.00	0.00
3 Type of wager	4 Date won
SLOTS	05/10/2001
5 Transaction	6 Race
217063	20182
7 Winnings from identical wagers	8 Cashier
N/A	115EB
9 Winner's taxpayer identification no.	10 Window
587-34-5813	3778219
11 First I.D.	12 Second I.D.
587-34-5813	587-34-5813
13 State/Payer's state identification no.	14 State income tax withheld
64-0345731-8	0.00

OMB No. 1545-0330

2001

**Form W-2G
 Certain
 Gambling
 Winnings**

This information is
 being furnished to
 the Internal Revenue
 Service.

Copy B

Report this income on your
 Federal tax return. If this
 form shows Federal income
 tax withheld in box 2, attach
 this copy to your return.

Internal Revenue Service

PAYER'S name, address, ZIP code, Federal I.D. no., and telephone no.
SILVER STAR HOTEL & CASINO
 P.O. Box 6048
 PHILADELPHIA, MS 39350

64-0345731 (601)650-1234

WINNER'S name, address (including apt. no.), and zip code

JONES JR. ABE
 PO BOX 407
 SOSO, MS 39480

Under penalties of perjury, I declare that, to the best of my knowledge and belief, the name, address, and taxpayer identification number that I have furnished correctly identify me as the recipient of this payment and any payments from identical wagers, and that no other person is entitled to any part of these payments.

Signature: *Abel Jones Jr.*

1 Gross winnings	2 Federal income tax withheld
1,000.00	0.00
3 Type of wager	4 Date won
SLOTS	05/10/2001
5 Transaction	6 Race
217068	20182
7 Winnings from identical wagers	8 Cashier
N/A	115EB
9 Winner's taxpayer identification no.	10 Window
587-34-5813	3778341
11 First I.D.	12 Second I.D.
587-34-5813	587-34-5813
13 State/Payer's state identification no.	14 State income tax withheld
64-0345731-8	0.00

2001

**Form W-2G
 Certain
 Gambling
 Winnings**

This information is
 being furnished to
 the Internal Revenue
 Service.

Copy B

Report this income on your
 Federal tax return. If this
 form shows Federal income
 tax withheld in box 2, attach
 this copy to your return.

Internal Revenue Service

PAYER'S name, address, ZIP code, Federal I.D. no., and telephone no.
SILVER STAR HOTEL & CASINO
 P.O. Box 6048
 PHILADELPHIA, MS 39350

64-0345731 (601)650-1234

WINNER'S name, address (including apt. no.), and zip code

JONES JR. ABE
 PO BOX 407
 SOSO, MS 39480

1 Gross winnings	2 Federal income tax withheld
1,000.00	0.00
3 Type of wager	4 Date won
SLOTS	05/10/2001
5 Transaction	6 Race
217071	20182
7 Winnings from identical wagers	8 Cashier
N/A	115EB
9 Winner's taxpayer identification no.	10 Window
587-34-5813	3778351
11 First I.D.	12 Second I.D.
587-34-5813	587-34-5813
13 State/Payer's state identification no.	14 State income tax withheld
64-0345731-8	0.00

2001

**Form W-2G
 Certain
 Gambling
 Winnings**

This information is
 being furnished to
 the Internal Revenue
 Service.

Copy B

PAYER'S name, address, ZIP code, Federal I.D. no., and telephone no.		<input type="checkbox"/> CORRECTED (if checked)	
SILVER STAR HOTEL & CASINO P.O. Box 6048 PHILADELPHIA, MS 39350 64-0345731 (601)650-1234		1 Gross winnings	2 Federal Income tax withheld
		14,000.00	300.00
		3 Type of wager	4 Date 06/02/2001
		110-219	5 Race 20130
		7 Winnings from identical wagers	8 Cashier # 176
		10 Winner's taxpayer identification no.	10 Windows 7831673
		11 First 3 387345613MS	12 Second 124-5613
		13 State/Payer's state identification no.	14 State income tax withheld
		144-0345731-8	0.00

Under penalties of perjury, I declare that, to the best of my knowledge and belief, the name, address, and taxpayer identification number that I have furnished correctly identify me as the recipient of this payment and any payments from identical wagers, and that no other person is entitled to any part of these payments.

Signature ► *ale X mae*

Date ► 06/02/2001

2001
Form W-2G
Certain
Gambling
Winnings
This information is
being furnished to
the Internal Revenue
Service.

Copy B

Report this income on your
Federal tax return. If this
form shows Federal income
tax withheld in box 2, attach
this copy to your return.

OMB No. 1545-0230
Department of the Treasury / Internal Revenue Service

PAYER'S name, address, ZIP code, Federal I.D. no., and telephone no.		<input type="checkbox"/> CORRECTED (if checked)	
SILVER STAR HOTEL & CASINO P.O. Box 6048 PHILADELPHIA, MS 39350 64-0345731 (601)650-1234		1 Gross winnings	2 Federal Income tax withheld
		14,000.00	300.00
		3 Type of wager	4 Date 06/02/2001
		220-402	5 Race 20130
		7 Winnings from identical wagers	8 Cashier # 176
		10 Winner's taxpayer identification no.	10 Windows 7831673
		11 First 3 387345613MS	12 Second 124-5613
		13 State/Payer's state identification no.	14 State income tax withheld
		144-0345731-8	0.00

Under penalties of perjury, I declare that, to the best of my knowledge and belief, the name, address, and taxpayer identification number that I have furnished correctly identify me as the recipient of this payment and any payments from identical wagers, and that no other person is entitled to any part of these payments.

Signature ► *ale X mae*

Date ► 06/02/2001

OMB No. 1545-0230

2001
Form W-2G
Certain
Gambling
Winnings

This information is
being furnished to
the Internal Revenue
Service.

Copy B

Report this income on your
Federal tax return. If this
form shows Federal income
tax withheld in box 2, attach
this copy to your return.

PAYER'S name, address, ZIP code, Federal I.D. no., and telephone no.		<input type="checkbox"/> CORRECTED (if checked)	
SILVER STAR HOTEL & CASINO P.O. Box 6048 PHILADELPHIA, MS 39350 64-0345731 (601)650-1234		1 Gross winnings	2 Federal Income tax withheld
		14,400.00	300.00
		3 Type of wager	4 Date 06/02/2001
		220-597	5 Race 20130
		7 Winnings from identical wagers	8 Cashier # 38145
		10 Winner's taxpayer identification no.	10 Windows 7831666
		11 First 3 387345613MS	12 Second 124-5613
		13 State/Payer's state identification no.	14 State income tax withheld
		144-0345731-8	720.00

Under penalties of perjury, I declare that, to the best of my knowledge and belief, the name, address, and taxpayer identification number that I have furnished correctly identify me as the recipient of this payment and any payments from identical wagers, and that no other person is entitled to any part of these payments.

Signature ► *ale X mae*

Date ► 06/02/2001

OMB No. 1545-0230

2001
Form W-2G
Certain
Gambling
Winnings

This information is
being furnished to
the Internal Revenue
Service.

Copy B

Report this income on your
Federal tax return. If this
form shows Federal income
tax withheld in box 2, attach
this copy to your return.

CORRECTED

PAYER'S name, address, ZIP code, Federal I.D. no., and telephone no.		1 Gross winnings	2 Federal income tax withheld
SILVER STAR HOTEL & CASINO P.O. Box 6048 Philadelphia, MS 39350		1,250.00	0.00
64-0345731 (601)650-1234		3 Type of wager	4 Date won
		SLOTS	06/03/2001
		5 Transaction	6 Race
		220704	80042
		7 Winnings from identical wagers	8 Cashier
		N/A	Hudson, Rosie
		9 Winner's taxpayer identification no.	10 Window
		587-34-5613	3836551
		11 First I.D.	12 Second I.D.
		587345613MS	587-34-561
		13 State/Payer's state identification no.	14 State income tax withheld
		64-0345731-8	62.50

Under penalties of perjury, I declare that, to the best of my knowledge and belief, the name, address, and taxpayer identification number that I have furnished correctly identify me as the recipient of this payment and any payments from identical wagers, and that no other person is entitled to any part of these payments.

Signature ► *Alie Jones*

Date 06/03/2001

Form W-2G

Department of the Treasury - Internal Revenue Service

OMB No. 1545-0238

Form W-2G

Certain

Gambling

Winnings

For State
Department

OMB No. 1545-0238

2001

Form W-2G

Certain
Gambling
Winnings

Copy

For State Tax
Department

Department of the Treasury - Internal Revenue Service

PAYER'S name, address, ZIP code, Federal I.D. no., and telephone no.		1 Gross winnings	2 Federal income tax withheld
SILVER STAR HOTEL & CASINO P.O. Box 6048 Philadelphia, MS 39350		5,600.00	0.00
64-0345731 (601)650-1234		3 Type of wager	4 Date won
		SLOTS	06/03/2001
		5 Transaction	6 Race
		220704	20011
		7 Winnings from identical wagers	8 Cashier
		N/A	RH110
		9 Winner's taxpayer identification no.	10 Window
		587-34-5613	3836407
		11 First I.D.	12 Second I.D.
		587345613MS	587-34-5613
		13 State/Payer's state identification no.	14 State income tax withheld
		64-0345731-8	180.00

Under penalties of perjury, I declare that, to the best of my knowledge and belief, the name, address, and taxpayer identification number that I have furnished correctly identify me as the recipient of this payment and any payments from identical wagers, and that no other person is entitled to any part of these payments.

Signature ► *Alie Jones*

Date 06/03/2001

Form W-2G

Department of the Treasury - Internal Revenue Service

PAYER'S name, address, ZIP code, Federal I.D. no., and telephone no.		1 Gross winnings	2 Federal income tax withheld
SILVER STAR HOTEL & CASINO P.O. Box 6048 Philadelphia, MS 39350		50.00	0.00
64-0345731 (601)650-1234		3 Type of wager	4 Date won
		LOTTERY	06/03/2001
		5 Transaction	6 Race
		220728	00001
		7 Winnings from identical wagers	8 Cashier
		N/A	
		9 Winner's taxpayer identification no.	10 Window
		587-34-5613	3836407
		11 First I.D.	12 Second I.D.
		587345613MS	587-34-5613
		13 State/Payer's state identification no.	14 State income tax withheld
		64-0345731-8	0.00

OMB No. 1545-0238

2001

Form W-2G

Certain

Gambling

Winnings

380 14/4 2605

<input type="checkbox"/> CORRECTED (if checked)		1 Gross winnings 4,000.00	2 Federal income tax withheld 0.00	OMB No. 1545-0238
Name, address, ZIP code, Federal I.D. no., and telephone no. STAR HOTEL & CASINO P.O. BOX 6048 PHILADELPHIA, MS 39350 731 (601)650-1234		3 Type of wager SLOTS	4 Date won: 06/05/2001	2001
		5 Transaction 221023	6 Race 80142	Form W-2G Certain Gambling Winnings
		7 Winnings from identical wagers N/A	8 Cashier HUGRIES, GHAMALI	
		9 Winner's taxpayer identification no. 587-34-5613	10 Window 3843215	This information is being furnished to the Internal Revenue Service.
		11 First I.D. 587-34-5613MS	12 Second I.D. 587-34-5613	
		13 State/Payer's state identification no. 04-0345731-8	14 State income tax withheld 200.00	Copy B Report this income on your Federal tax return. If this form shows Federal income tax withheld in Box 2, attach this copy to your return.
			Date ► 06/05/2001	Department of the Treasury - Internal Revenue Service

4-3 62.49

<input type="checkbox"/> CORRECTED (if checked)		1 Gross winnings 1,200.00	2 Federal income tax withheld 0.00	OMB No. 1545-0238
Name, address, ZIP code, Federal I.D. no., and telephone no. STAR HOTEL & CASINO P.O. BOX 6048 PHILADELPHIA, MS 39350 731 (601)650-1234		3 Type of wager SLOTS	4 Date won: 06/03/2001	2001
		5 Transaction 220701	6 Race 20130	Form W-2G Certain Gambling Winnings
		7 Winnings from identical wagers N/A	8 Cashier LG 126	
		9 Winner's taxpayer identification no. 587-34-5613	10 Window 3836403	This information is being furnished to the Internal Revenue Service.
		11 First I.D. 587-34-5613MS	12 Second I.D. 587-34-5613	
		13 State/Payer's state identification no. 04-0345731-8	14 State income tax withheld 0.00	Copy B Report this income on your Federal tax return. If this form shows Federal income tax withheld in Box 2, attach this copy to your return.
			Date ►	Department of the Treasury - Internal Revenue Service

4-3 0300

<input type="checkbox"/> CORRECTED		1 Gross winnings 1,800.00	2 Federal income tax withheld 0.00	OMB No. 1545-0238
Name, address, ZIP code, Federal I.D. no., and telephone no. STAR HOTEL & CASINO P.O. BOX 6048 PHILADELPHIA, MS 39350 731 (601)650-1234		3 Type of wager SLOTS	4 Date won: 06/03/2001	2001
		5 Transaction 220708	6 Race 20130	Form W-2G Certain Gambling Winnings
		7 Winnings from identical wagers N/A	8 Cashier Hudson, Rosie	
		9 Winner's taxpayer identification no. 587-34-5613	10 Window 3836431	
		11 First I.D. 587345613MS	12 Second I.D. 587-34-5613	Copy 1

CORRECTED (if checked)

PAYER'S name, address, ZIP code, Federal I.D. no., and telephone no. SILVER STAR HOTEL & CASINO P.O. BOX 6048 PHILADELPHIA, MS 39350 54-0345731 (601)650-1234		1 Gross winnings 4,000.00	2 Federal income tax withheld 0.00	OMB No. 1545-0238
		3 Type of wager SLOTS	4 Date won: 06/05/2001	2001
		5 Transaction 221006	6 Race 20231	Form W-2G Certain Gambling Winnings
		7 Winnings from identical wagers N/A	8 Cashier LM#204	
		9 Winner's taxpayer identification no. 587-34-5613	10 Window 3842930	
		11 First I.D. 587345613MS	12 Second I.D. 587-34-5613	This information is being furnished to the Internal Revenue
WINNER'S name, address (including apt. no.), and zip code JONES JR, ABE PO BOX 407 SOSO, MS 39480				

PAYER'S name, address, ZIP code, Federal I.D. no., and telephone no.		1 Gross winnings 2,400.00	2 Federal income tax withheld 0.00
SILVER STAR HOTEL & CASINO P.O. Box 6048 PHILADELPHIA, MS 39350		3 Type of wager SLOTS	4 Date won 03/10/2002
64-0345731 (601)650-1234		5 Transaction 260276	6 Race 20130
WINNER'S name, address (including apt. no.), and zip code JONES JR, ABE PO BOX 407 SDSO, MS 39480		7 Winnings from identical wagers N/A	8 Cashier MCMILLAN, RODER
		9 Winner's taxpayer identification no. 587345613	10 Window 4531947
		11 First I.D. 587345613	12 Second I.D. 587345613
		13 State/Payer's state identification no. 64-0345731-8	14 State income tax withheld 72.00
<p>Under penalties of perjury, I declare that, to the best of my knowledge and belief, the name, address, and taxpayer identification number that I have furnished correctly identify me as the recipient of this payment and any payments from identical wagers, and that no other person is entitled to any part of these payments.</p> <p>Signature ► <i>Abe Jones</i> Date ► 03/10/2002</p>			

Form W-2G

Department of the Treasury - Internal Revenue Service

OMB No. 1545-0238

2002

Form W-2G
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PAYER'S name, address, ZIP code, Federal I.D. no., and telephone no.		1 Gross winnings 1,200.00	2 Federal income tax withheld 0.00
SILVER STAR HOTEL & CASINO P.O. Box 6048 PHILADELPHIA, MS 39350		3 Type of wager SLOTS	4 Date won 03/10/2002
64-0345731 (601)650-1234		5 Transaction 260275	6 Race 20062
WINNER'S name, address (including apt. no.), and zip code JONES JR, ABE PO BOX 407 SDSO, MS 39480		7 Winnings from identical wagers N/A	8 Cashier ROBERSON, WALES
		9 Winner's taxpayer identification no. 587345613	10 Window 4531936
		11 First I.D. 58734613	12 Second I.D. 587345613
		13 State/Payer's state identification no. 64-0345731-8	14 State income tax withheld 36.00
<p>Under penalties of perjury, I declare that, to the best of my knowledge and belief, the name, address, and taxpayer identification number that I have furnished correctly identify me as the recipient of this payment and any payments from identical wagers, and that no other person is entitled to any part of these payments.</p> <p>Signature ► <i>Abe Jones</i> Date ► 03/10/2002</p>			

Form W-2G

Department of the Treasury - Internal Revenue Service

OMB No. 1545-0238

2002

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PAYER'S name, address, ZIP code, Federal I.D. no., and telephone no.		1 Gross winnings 1,200.00	2 Federal income tax withheld 0.00
SILVER STAR HOTEL & CASINO P.O. Box 6048 PHILADELPHIA, MS 39350		3 Type of wager SLOTS	4 Date won 03/10/2002
64-0345731 (601)650-1234		5 Transaction 260308	6 Race 20092
WINNER'S name, address (including apt. no.), and zip code JONES JR, ABE PO BOX 407 SDSO, MS 39480		7 Winnings from identical wagers N/A	8 Cashier WILLIS, TIMOTHY
		9 Winner's taxpayer identification no. 587-34-5613	10 Window 4532261
		11 First I.D. 587345613	12 Second I.D. 587-34-5613
		13 State/Payer's state identification no. 64-0345731-8	14 State income tax withheld 36.00
<p>Under penalties of perjury, I declare that, to the best of my knowledge and belief, the name, address, and taxpayer identification number that I have furnished correctly identify me as the recipient of this payment and any payments from identical wagers, and that no other person is entitled to any part of these payments.</p>			

Under penalties of perjury, I declare that, to the best of my knowledge and belief, the name, address, and taxpayer identification number that I have furnished correctly identify me as the recipient of this payment and any payments from identical wagers, and that no other person is entitled to any part of these payments.

PAYER'S name, address, ZIP code, Federal I.D. no., and telephone no.

SILVER STAR HOTEL & CASINO
P.O. Box 6048
Philadelphia, MS 39350

WINNER'S name, address (including apt. no.), and zip code

JONES JR., ABEL
115 ANDY KNIGHT RD.
SOSO, MS 39480

Under penalties of perjury, I declare that, to the best of my knowledge and belief, the name, address, and taxpayer identification number that I have furnished correctly identify me as the recipient of this payment and any payments from identical wagers, and that no other person is entitled to any part of these payments.

Signature ► *Abel Jones Jr.*

Date ►

04/11/2002

Department of the Treasury - Internal Revenue Service

2002

Form W-2G
Certain
Gambling
Winnings

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Form W-2G

04/11/2002

Department of the Treasury - Internal Revenue Service

□ CORRECTED (if checked)

PAYER'S name, address, ZIP code, Federal I.D. no., and telephone no.
SILVER STAR HOTEL & CASINO
P.O. Box 6048
Philadelphia, MS 39350

64-0345731 (601)650-1234

WINNER'S name, address (including apt. no.), and zip code
115 ANDY KNIGHT ROAD
SOSO, MS 39480

Under penalties of perjury, I declare that, to the best of my knowledge and belief, the name, address, and taxpayer identification number that I have furnished correctly identify me as the recipient of this payment and any payments from identical wagers, and that no other person is entitled to any part of these payments.

Signature ► *Abel Jones Jr.*

Date ►

04/16/2002

Department of the Treasury - Internal Revenue Service

2002

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Gambling
Winnings

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Form W-2G

04/16/2002

Department of the Treasury - Internal Revenue Service

□ CORRECTED (if checked)

PAYER'S name, address, ZIP code, Federal I.D. no., and telephone no.
SILVER STAR HOTEL & CASINO
P.O. Box 6048
Philadelphia, MS 39350

64-0345731 (601)650-1234

WINNER'S name, address (including apt. no.), and zip code
115 ANDY KNIGHT ROAD
SOSO, MS 39480

Under penalties of perjury, I declare that, to the best of my knowledge and belief, the name, address, and taxpayer identification number that I have furnished correctly identify me as the recipient of this payment and any payments from identical wagers, and that no other person is entitled to any part of these payments.

Signature ► *Abel Jones Jr.*

Date ►

04/16/2002

OMB No. 1545-0238

2002

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EXHIBIT - P